

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2016	
Mailing Address PO BOX 37046		Amount 434250.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.799
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7429472.37</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee I360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2016	
Mailing Address PO BOX 37046		Amount 57784.00	
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.800
Purpose of Expenditure MEDIA PLACEMENT - SATELLITE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7429472.37</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	492034.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	492034.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 10 / 2016

Signature